## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # N9400000445

1. Entity Name

METROCORP CENTER OF JACKSONVILLE OWNERS ASSOCIATION, INC.							
Principal Place of Bus 8375 BAY MEADOWS V JACKSONVILLE FL 3225	VAY	Mailing Address 8375 BAY MEADOWS WAY JACKSONVILLE FL 32256					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				

## **FILED** Feb 13, 2003 8:00 am Secretary of State

02-13-2003 90230 003 \*\*\*\*61.25

ION, INC.											
8375 BAY MEADOWS WAY 8375		8375 BA	Mailing Address 375 BAY MEADOWS WAY ACKSONVILLE FL 32256			a innerical Std 1931/		114 <b>4</b> 1 <b>5</b> 41 <b>816</b> 8	<b>. A</b> 181 ( <b>A1</b> 1		
Principal Place of Business     3. Mailing Address											
Suite, Apt. #, etc.		Suit	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES					
City & State		City & State			4. FEI Number <b>59-3227858</b> Applied Fo						
Zip Country		Zip	Zip Count		untry	5. Certificate of Status Desired					
						- Tea, naddiled					
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent Name						
<b>7410 00</b>	AADIC A										
TAYLOR, MARK A 8375 BAYMEADOWS WAY				Street Address (P.O. Box Number is Not Acceptable)							
JACKSONVILLE FL 32256					City		FL	Zip Code			
					1 '		· · · · · · · · · · · · · · · · · · ·	lior with o	nd accent		
8. The above the obligati	named entity submits this statement ons of registered agent.	for the purp	ose of changing its	register	ed office or regist	tered agent, or both, in th	e State of Fishioa. Familian				
SIGNATURE	Signature, typed or printed name of registered age	nt and title if app	licable. (NOT	E: Register	ed Agent signature requi	ired when reinstating)	DATE				
	Signature, typed or printed marile or register to ago				<u>.                                    </u>						
FILE NOW: FEE IS \$61.25			<b>9.</b> Election Ca Trust Fund (			\$5.00 May Be Added to Fees	Make Check P Florida Departm				
40	OFFICERS AND D	DIRECTORS		11.	. <u></u>	ADDITIONS/CHANGE	S TO OFFICERS AND DIREC	CTORS IN	10		
TITLE	D	311120 . 01.10	<b>ጆ</b> Delete	TITI	LE		Ë	] Change	☐ Addition		
NAME	CAPLAN, KENNETH			NAI							
STREET ADDRESS	8375 BAYMEADOWS WAY				REET ADDRESS Y-ST-ZIP				ŀ		
CITY-ST-ZIP	JACKSONVILLE FL 32256							Change	Addition		
TITLE .	DP WAYNE	Delete TITI					<b>_</b>				
NAME STREET ADDRESS	REED, WAYNE 8375 BAYMEADOWS WAY				REET ADDRESS				ļ		
CITY-ST-ZIP-	JACKSONVILLE FL 32256		** <b>**</b> **	CIT	Y-ST-ZIP 🚙 🥧 ∵≫		- Carrier - Carr				
TITLE	VD		☐ Delete	TIT	LE			] Change	Addition		
NAME	GRIER, CAROL DR				ME						
STREET ADDRESS	8375 BAYMEADOWS WAY		•	1	REET ADDRESS TY-ST-ZIP						
CITY-ST-ZIP	JACKSONVILLE FL 32256		Поли	TIT				Change	Addition		
TITLE	STD SALEM, SANDRA		Delete		ME						
NAME STREET ADDRESS	8375 BAYMEADOW WAY			ST	REET ADDRESS						
CITY-ST-ZIP	JACKSONVILLE FL 32256			CIT	ry-ST-ZIP	<del> </del>					
TITLE			☐ Delete		TLE		Ε	_ Change	☐ Addition		
NAME					ME						
STREET ADDRESS					REET ADDRESS  TY-ST-ZIP						
CITY-ST-ZIP							Γ	Change	Addition		
TITLE			☐ Delete		TLE		•	_ •			
NAME STREET ADDRESS					REET ADDRESS						
CITY-ST-ZIP				CI	TY-ST-ZIP						
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12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accyrate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other ike empowered.

SIGNATURE:

2/10/2003 (904)731-5440